									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10/1/9037						
										IVIV	<u>y</u>	0/7		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE		OR	OTHER SMALL	THAN ENTITY		
TOTAL CLAIMS			/2				-	RATE	E	FEE	1	RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			/2 minus 20=		•			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			· 3 minus 3 =		•			X43=			OR	X86=		
ΜL	ILTIPLE DEPE	NDENT CLAIM P	RESENT						+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL 22<		OR	TOTAL			
CLAIMS AS AMENDED - PART II										/2)]	OTHER	THAN	
6	(Column 1) (Column 2)							SMAL	L E	NTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE/		RATE	ADDI- TIONAL FEE	
	Total	. //	Minus .	Al	9	=		X\$ 9=	.	$\overline{}$	OR	X\$18=		
			Minus	*** 3		= -	X43=		1	<u></u>	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			OR	+290=		
								TOTA		<u> </u>		TOTAL		
(Column 1) (Column 2) (Column 3)									:E L	•	,	ADDIT. FEE		
AMENDMENT B	CLAIMS			HIGH	ST		Г		Т	ADDI-	1		ADDI-	
		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ŀ	TIONAL		RATE -	TIONAL FEE	
	Total	•	Minus	**		=	T	X\$ 9=	T		OR	X\$18=		
	Independent	*	Minus	***	<u> </u>	=	t	. X43=	1	-	OR	X86=		
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	ENDENT	CLAIM		I	+145=	†		OR	+290=		
								TOTA				TOTAL		
(Column 1) (Column 2) (Column 3)									E L	•	O.1 2	LDOIT. FEE		
	CLAIMS		•	(Colum		(Column 3)	-	-	_					
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUMB PREVIO	USLY	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=	†		OR	X\$18=		
	Independent	•	Minus	***		=	H	X43=	T			X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7-0-	╀		OR	~00=		
• µ	* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	<u>.</u>	
* If the "Highest Number Provincely Poid For" IN THIS SPACE in long than 20, anter "20."												TOTAL DOIT, FEE	:	
T	he "Highest Num	mber Previously Paid ber Previously Paid	e For (Total or	s space is Independer	ness than nt) is the	n 3, enter "3," highest number				opriate box				
												• • •		